

# MEDICAID & CHIP ELIGIBILITY OVERVIEW

Category	Non-financial Criteria <sup>1</sup>	Typical Family Unit	Monthly Income Limit for Typical Family Unit <sup>2</sup>	Resource Limit	Coverage Type	Eligibility Period
Low income families	Dependent Child in home	1 Adult, 1 Child	\$229 (20% of FPL) Up to 12 months of transitional coverage is available if income exceeds the standard due to earnings of parent	\$1,000	Full	Annual Review
SSI recipients in low income families	Dependent Child in home, the individual receives SSI	1 Adult, 1 Child	\$229, (20% FPL) SSI is disregarded	\$1,000	Full	Annual Review
Pregnant Women	Pregnant	1 Unborn Child, 1 Adult	\$229 (20% of FPL)	\$1,000	Full	Terminates 60 days after delivery
	Pregnant	1 Unborn Child, 2 Adults 1 Child	\$3,534 (200% of FPL)	No Limit	Limited to pregnancy related services	Terminates 60 days after delivery
Newborn Children	Infant born to woman on Medicaid	2 Adults, 2 Children	No Limit	No Limit	Full	Guaranteed until Child turns age 1 if living w/mother
Children under age 19	Child under age 19	2 Adults, 2 Children	Medicaid \$2,650 (150% of FPL)	No Limit	Full	Annual Review
	Child under age 19, uninsured	2 Adults, 2 children	CHIP \$4,417 (>150-250% FPL)	No Limit	Comprehensive w/ some limits; premium required.	Annual Review
Children Age 18, 19, 20	Child Age 18, 19, 20 living with a specified relative	1 Child	\$139 (20% FPL)	\$1,000	Full	Annual Review
Children residing in psychiatric facilities	21 or under and inpatient of Medicaid certified psychiatric facility	1 Adult, 1 Child	\$229 (20% FPL)	\$1,000	Full	Annual Review
Wards	Child under 18; custody/ supervision by the DCS	1 Child	\$139 (20% FPL) (N/A if child is receiving IV-E FC)	\$1,000	Full	Annual Review
Former Foster Children	Age 18, 19, or 20 and was a ward on 18 <sup>th</sup> birthday	1 Child	\$1,734 (200% FPL)	No Limit	Full	Annual Review

Note: All children under age 3, regardless of category, remain enrolled for 12 months regardless of changes in family's financial circumstances. (Effective with determinations on and after 11-1-07.)

<sup>1</sup> All categories have a citizenship/immigration status requirement. Lawful immigrants living in the U.S. less than 5 years, and those who are undocumented can be eligible for emergency services only, if they are otherwise eligible for any category. Certain lawful immigrants such as refugees are not subject to the 5-year wait period for full coverage. Individuals must be Indiana residents, furnish their SSN, and assign their medical rights.

<sup>2</sup> Income Levels in effect as of 1-1-09. The CHIP income levels were increased effective 10-1-08 from 200% FPL to 250% FPL.

Category	Non-financial Criteria <sup>3</sup>	Typical Family Unit	Monthly Income Limit for Typical Family Unit <sup>4</sup>	Resource Limit	Coverage Type	Eligibility Period
Aged	Age 65 or older	Married Couple, Individual	Couple \$1,011 Individual \$674	Couple \$2250 Individual \$1500	Full Spend-down applies if income exceeds standard	Annual Review
Blind	Blind	Married Couple, Individual	Couple \$1,011 Individual \$674	Couple \$2250 Individual \$1500	Full Spend-down applies if income exceeds standard	Annual Review
Disabled	Substantial impairment expected to last a year or longer.	Married Couple, Individual	Couple \$1,011 Individual \$674	Couple \$2250 Individual \$1500	Full Spend-down applies if income exceeds standard	Annual Review
Disabled Workers M.E.D.Works	Substantial impairment and employed.	Married Couple, Individual	Couple \$3,034, Individual \$4,084 (350% FPL)	Married \$3,000 Individual \$2,000	Full Premiums if income over 150% FPL	Annual Review
Medicare Catastrophic Coverage Act of 1988 (MCCA)	In nursing facility, spouse in the community <sup>3</sup>	Married Couple	\$1,712 plus a % of shelter expenses not to exceed \$2,739 for spouse at home. (Allocated from the nursing home spouse to the spouse at home.)	\$21,912 - \$109,560	Full	Annual Review
Room and Board Assistance	Aged, Blind, Disabled and eligible for RBA cash assistance	Individual	Based on the facility room and board rate	\$1500	Full	Annual Review
Qualified Medicare Beneficiary (QMB)	Eligible for Medicare Part A	Married Couple, Individual	Couple \$1167 Individual \$867 (100% FPL)	Couple \$6,000 Individual \$4,000	Payment of Medicare premiums, deductibles, co-insurance	Annual Review
Specified Low Income Medicare Beneficiary	Eligible for Medicare Part A	Married Couple, Individual	Couple \$1,400, Individual \$1,040 (120% of FPL)	Couple \$6,000 Individual \$4,000	Payment of Medicare Part B premium	Annual Review
Qualified Individual	Eligible for Medicare Part A	Married Couple, Individual	Couple \$1,575 Individual \$1,170 (135% FPL)	Couple \$6,000 Individual \$4,000	Payment of Medicare Part B premium <sup>4</sup>	Annual Review
Qualified Disabled Worker	Lost Medicare Part A due to Earnings	Married Couple, Individual	Couple \$2,334, Individual \$1,734 (200% of FPL)	Couple \$6,000 Individual \$4,000	Payment of Medicare Part A Premium	Annual Review <sup>4</sup>
Refugee Medical Assistance	Immigrants in Refugee status, not eligible for any other category.	1 Adult	\$139 (20% FPL)	\$1,000	Full	8 months
Children receiving IV-E adoption assistance	Eligible for IV-E Adoption Assistance	1 Child	N/A	N/A	Full	Annual Review
Breast and Cervical Cancer Treatment Services	Women screened and diagnosed by ISDH Breast Cervical Cancer Program.	1 Woman	None Income level established by the BCCP.	None	Full	Until cancer treatment is completed

<sup>3</sup> MCCA provisions also apply to persons on the Aged & Disabled HCBS waiver; certain financial criteria differ.

<sup>4</sup> 100% federal reimbursement, capped allotment to States

INDIANA'S TITLE XIX DEMONSTRATION WAIVER PROGRAM – THE HEALTHY INDIANA PLAN (HIP)

Category	Non-financial Criteria <sup>5</sup>	Typical Family Unit	Monthly Income Limit for Typical Family Unit <sup>6</sup>	Resource Limit	Coverage Type	Eligibility Period
Caretaker Adults	Age 19-64, uninsured, living with dependent children, no access to employer health insurance	2 Adults, 2 Children	\$3,534 (200% FPL)	No Limit	Full Pregnancy services excluded <sup>7</sup>  Payments to a POWER account are required based on income level.	1 year benefit period during which changes in financial circumstances will not end coverage; eligibility review at the end of benefit period. <sup>8</sup>
Non-caretaker Adults	Age 19-64, uninsured, no dependent children, no access to employer health insurance	Individual	\$1,734 (200% FPL)	No Limit		

<sup>5</sup> All categories have a citizenship/immigration status requirement. Lawful immigrants living in the U.S. less than 5 years, and those who are undocumented can be eligible for emergency services only, if they are otherwise eligible for any category. Certain lawful immigrants such as refugees are not subject to the 5-year wait period for full coverage. Individuals must be Indiana residents, furnish their SSN, and assign their medical rights.

<sup>6</sup> Income Levels in effect as of 1-1-09. The CHIP income levels were increased effective 10-1-08 from 200% FPL to 250% FPL.

<sup>7</sup> A HIP member who becomes pregnant will have her health coverage transferred to Hoosier Healthwise during her pregnancy.

<sup>8</sup> Program is subject to enrollment and expenditure caps which, when reached, will close the program to *new* applicants.